

REGION of VENETO

ANNEX A3 DGR n. 1864 of December 29, 2020

INFORMED CONSENT FOR PERFORMING THE RAPID ANTIGENIC TEST FOR SARS-COV 2 - SURVEILLANCE COVID-19

I, the undersigned
born in on
resident in

available at the **direct telephone number***

E-Mail

DOCUMENT TYPE * **Numbe**.....

I declare that I have read the information available at the pharmacy **AL REDENTORE srl**
Rio Terrà delle Botteghe 28/30 Caorle and that I do not run into one of the causes of exclusion from carrying
out the rapid antigen test, provided therein.

I, the undersignedexercising the legal representation as
(parent or support administrator)
of

I authorize the execution of the buffer COVID-19 test,

and I express my informed consent, in light of what is stated in the information, to carry
out the rapid test for the search for SARS-CoV-2 in the context of COVID-19 surveillance
and the consequent communication procedures of the outcome of the competent health
authority.

Date Place

Signature

*** required field**